

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Tranco Development

BUSINESS STREET ADDRESS: 4340 SW 93 Ave ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: 954 325-1806

DESCRIBE TYPE OF BUSINESS: Grading

BUSINESS IS: Corporation X Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Greg Clair</u>	<u>4340 SW 93 Ave</u>	<u>Davie 33328</u>	<u>9165095</u>

2. _____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Greg Clair Pres.
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>11/5/01</u> Category <u>D5801</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>02-15944</u>		Fee \$ <u>165.37</u> Rec# _____ New _____ Trans _____	
Control # <u>13345</u>		Zoning _____	
Council approval Required _____ Yes _____ No _____		Zoning Approval _____ Date _____	
Town Council Date _____		Approved _____ Denied _____	
Tabled To _____		Approved _____ Denied _____	

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION